

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019356	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		2			
4	1		2			
5	1		2			
6	1		2			
7	1		1			
8	1		2			
9	1		2			
10	1		2			
11	1		2			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		4			
19	1		4			
20	1		4			
21	1		4			
22	1		4			
23	1		4			
24	1		1			
25	1		1			
26	2		2			
27	1		2			
28	1		2			
29	1		2			
30	1		2			
31	1		2			
32	1		2			
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	2		2			
38	2		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1		2			
44	1		2			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.			↓		↓	
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		100		85	10	85

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	1			1				
52	1			1				
53		2			2			
54		2			2			
55	1			2				
56	1			2				
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96								
97								
98								
99								
100								
TOTAL IND.			↓					
TOTAL DEP.			↓					
TOTAL CLAIMS			100		85	10	85	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831